

MOULTONBOROUGH RECREATION DEPARTMENT

PO Box 411 – 10 Holland • Moultonborough • NH 03254
Phone (603)476-8868 • FAX (603)476-2607
Website www.moultonboroughnh.gov

PARTICIPANT INFORMATION

First Name _____ Last Name _____
Birth Date ____/____/____ Male ____ Female ____ Parent Name(s): _____
Primary Phone _____ Other Phone: _____
Mailing Address _____
Email Address _____

Are you a: ☐ Year Round Resident ☐ Summer Resident ☐ Non-resident

Winnepesaukee Minnows Fridays 4:00- 4:30 July 15th - August 12th **\$25 for session** _____
Ages 1-3 as of July 1st 2011

Adult Water Aerobics Fridays 3:00-3:45 July 15th - August 12th (5 classes) **\$6 per class** _____

Adapted Swim Lessons Fridays July 15th - August 12th (times TBA) **\$35 for session** _____
Ages 5-16

Competitive Edge Swim Clinic Advanced Swimmers Ages 16-45
Clinic 1: 7:30am-9:30am Friday July 8th **\$15 per clinic** _____
Clinic 2: 7:30am-9:30am Friday August 12th **\$15 per clinic** _____

American Red Cross Swimming Lessons: Days: Monday –Thursday Afternoons (times TBD at evals)

Level: American Red Cross Swimming Level PASSED (Level I – VI): _____

Session 1: June 27th-July 14th **\$25 for session** _____

Session 2: July 25th - August 11th **\$25 for session** _____

Speedy Swimmers Class time is determined based on evaluation – will fall in PM Mon-Thur
Ages 8 - 13

Session 1: June 27th-July 14th **\$25 for session** _____

Session 2: July 25th - August 11th **\$25 for session** _____

All checks payable to MRD **TOTAL:** _____

REGISTRATION/ RELEASE OF LIABILITY / PHOTO RELEASE/ NOTIFICATION

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational or sport activity involves risk. I further understand that the Moultonborough Recreation Department does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the Recreation Department. By signing this I am willing to be a part of "One Call Tell All" that will inform me of changes and cancellations to the programs run by the recreation department. I have read this Indemnity agreement and understand its terms.

X _____ X _____
PARTICIPANT OR PARENT/GUARDIAN SIGNATURE DATE